Vermont Department of Disabilities, Aging and Independent Living
CFC MOD 906B
Rev. 02/08

Choices for Care - Moderate Needs Group
Change Form

Individual Name:_____ **SS#**_____

☐ **Change in Address:** Effective Date: _____

New Address: _____

☐ **Change in Services:** Effective Date: _____
The above individual continues to meet the clinical and financial criteria for the Choices for Care, Moderate Needs services. The following services will be added / removed:
*(Check **all** services that need changes and circle ADD or REMOVE for each change)*

☐ ***Case Management** –Agency/Provider Name: _____
ADD or REMOVE

☐ **Homemaker** – Agency/Provider Name:_____
ADD or REMOVE

☐ **Adult Day** – Agency/Provider Name:_____
ADD or REMOVE

Case Manager: _____

Agency Name: _____ Phone: _____

_____ _____
Signature Date

****DAIL Authorization****

Start Date: _____ TO End Date: _____

_____ _____
DAIL Authorized Signature Date

Copy to individual and providers.

Provider submits form to DAIL for Authorization.
Mail to DAIL CFC ISU, 103 South Main Street, Weeks Building, Waterbury, VT 05671-1601